

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

TN1911

(X2) MULTIPLE CONSTRUCTION

A. BUILDING 01 - MAIN BUILDING 01
B. WING(X3) DATE SURVEY
COMPLETED

04/19/2010

NAME OF PROVIDER OR SUPPLIER

DONELSON PLACE CARE & REHABILITATION

STREET ADDRESS, CITY, STATE, ZIP CODE

2733 MCCAMPBELL ROAD
NASHVILLE, TN 37214(X4) ID
PREFIX
TAGSUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)ID
PREFIX
TAGPROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)(X5)
COMPLETE
DATE

N 901. 1200-8-6-.09(1) Life Safety

N 901

1200-8-6-.09(1) LIFE SAFETY

(1) Any nursing home which complies with the required applicable building and fire safety regulations at the time the board adopts new codes or regulations will, so long as such compliance is maintained (either with or without waivers of specific provisions), be considered to be in compliance with the requirements of the new codes or regulations.

This Rule is not met as evidenced by:
Based on observation during the survey, it was determined, the facility failed to comply with the applicable building and fire safety regulations as required.

The findings included:

1. On 4/19/10 at between 11:50 AM and 12:40 PM observations within resident rooms 110, 128, 132, 209 and 223 revealed the night lights within each of those rooms were out. Tennessee Department Of Health 1200-8-6-09(1).

2. At 10:05 AM observation within the dietary area revealed the Ground Fault Circuit Interrupter outlet under the coffee table had a broken face plate. NFPA 70, 110-12.

The deficiencies were verified by the Maintenance Director and later acknowledged by the Administrator during the exit interview on 4/19/10.

REQUIREMENT:

The facility will ensure that the building is maintained to enhance the safety of both residents and staff.

CORRECTIVE ACTION:

- 1.a. The night lights in resident rooms 110, 128, 132, 209 and 223 were replaced on 4-19-10.
 - 1.b. The Ground Fault Circuit Indicator face plate was replaced on 4-19-10.
 2. On 4-20-10, the maintenance team inspected the building for working lights and properly maintained ground fault circuit indicators with no additional findings.
 3. The maintenance director will conduct routine audits of ground fault circuit indicators and lights for proper function and correct any findings immediately.
 4. The maintenance director will monitor for compliance through routine audits of the facility. These audits will be logged on the QA inspection log and reviewed in quarterly QA meetings.
- COMPLETION DATE:** 04-23-10

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

Administrator

(X6) DATE

5-7-10

STATE FORM

6899

R8XY21

If continuation sheet 1 of 1